

1. Number of Taxable Employees.....

2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....

3. Taxable Earnings (from line 2).....

4. Actual Tax Withheld at 1.750 %.....

5. Adjustments of Tax for Prior Period.....

6. Interest per month: 0.750%.....

7. Penalty: 50%.....

8. Total (Include Interest and Penalty if Due).....

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**Tax Year 2026**

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE FEBRUARY 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHIINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342

Fax 740-636-2348

Name

And

Address

Period Ending JANUARY

**TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....  
 3. Taxable Earnings (from line 2).....  
 4. Actual Tax Withheld at 1.750 %.....  
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**Tax Year 2026**

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE MARCH 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD  
% CITY OF WASHINGTON  
117 N MAIN ST  
WASHINGTON CH OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending FEBRUARY

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.....  
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 3. Taxable Earnings (from line 2).....  
 4. Actual Tax Withheld at 1.750 %.....  
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 8. Total (Include Interest and Penalty if Due).....

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**Tax Year 2026**

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE APRIL 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD  
% CITY OF WASHINGTON  
117 N MAIN ST  
WASHINGTON CH OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending MARCH

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.....  
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**Tax Year 2026**

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE MAY 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD  
% CITY OF WASHINGTON  
117 N MAIN ST  
WASHINGTON CH OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending APRIL

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....  
 3. Taxable Earnings (from line 2).....  
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Name

And

Address

**Tax Year 2026**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2026****MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD  
 % CITY OF WASHINGTON  
 117 N MAIN ST  
 WASHINGTON CH OH 43160

Voice 740-636-2342      Fax 740-636-2348

Period Ending MAY

**TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....  
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Name

And

Address

**Tax Year 2026**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2026****MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD  
 % CITY OF WASHINGTON  
 117 N MAIN ST  
 WASHINGTON CH OH 43160

Voice 740-636-2342      Fax 740-636-2348

Period Ending JUNE

**TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....  
 3. Taxable Earnings (from line 2).....  
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 5. Adjustments of Tax for Prior Period.....  
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Name

And

Address

**Tax Year 2026**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2026****MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD  
 % CITY OF WASHINGTON  
 117 N MAIN ST  
 WASHINGTON CH OH 43160

Voice 740-636-2342      Fax 740-636-2348

Period Ending JULY

**TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....  
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**Tax Year 2026**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE SEPTEMBER 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342

Fax 740-636-2348

Name

And

Address

Period Ending AUGUST

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....  
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**Tax Year 2026**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE OCTOBER 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342

Fax 740-636-2348

Name

And

Address

Period Ending SEPTEMBER

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.....  
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**Tax Year 2026**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE NOVEMBER 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342

Fax 740-636-2348

Name

And

Address

Period Ending OCTOBER

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation  
 paid all employees.....  
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 8. Total (Include Interest and Penalty if Due).....

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Name

And

Address

Period Ending NOVEMBER

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.....  
 2. Total Salaries, Wages, Commissions and other Compensation  
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Name

And

Address

Period Ending DECEMBER

## TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

## Tax Year 2026

I hereby certify that the information and statements contained here  
 in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE DECEMBER 15, 2026****MAKE CHECK OR MONEY ORDER TO:**JEFFERSON TWP-WASHIINGTON CH JEDD  
 % CITY OF WASHINGTON  
 117 N MAIN ST  
 WASHINGTON CH OH 43160

Voice 740-636-2342      Fax 740-636-2348

## Tax Year 2026

I hereby certify that the information and statements contained here  
 in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE JANUARY 15, 2027****MAKE CHECK OR MONEY ORDER TO:**JEFFERSON TWP-WASHIINGTON CH JEDD  
 % CITY OF WASHINGTON  
 117 N MAIN ST  
 WASHINGTON CH OH 43160

Voice 740-636-2342      Fax 740-636-2348